



**Department
of Health**

Health and Recovery Plan (HARP) Subpopulation

Value Based Payment Quality Measure Set
Measurement Year 2018

INTRODUCTION

The 2018 Health and Recovery Plan (HARP) Subpopulation Quality Measure Set was created in collaboration with the HARP Subpopulation Clinical Advisory Group (CAG) and the New York State (NYS) Value Based Payment (VBP) Workgroup. The goal is to align with measures sets put forth for the Delivery System Reform Incentive Payment (DSRIP) Program and for the Quality Assurance Reporting Requirements (QARR) measure set. The HARP measure set was designed to encourage providers to meet high standards of patient-centered clinical care and coordination across multiple care settings for the HARP Subpopulation.

MEASURE SELECTION AND FEASIBILITY

During the summer of 2017, the HARP Subpopulation CAG reconvened and made recommendations to the State on quality measures, data collection, data reporting, and support required for providers to be successful in a VBP environment.

Beginning in June of 2017, the State initiated monthly meetings of the VBP Measure Support Task Force and arrangement-level Sub-teams. The goal of the Task Force and Sub-teams is to make recommendations to the State to support and inform the Annual Measure Review Cycle. Members of the Task Force include professionals from various Managed Care Organizations (MCOs), VBP Pilot Contractors, State Agencies, along with other professionals with experience in quality measurement and health information technology. The Task Force provided feedback to DOH on quality measure feasibility, reporting, and calculation.

Upon receiving the CAG recommendations and Task Force feedback, the State defined a final list of measures for inclusion for MY 2018.

MEASURE CLASSIFICATION

Each measure has been designated by the State as Category 1, 2, or 3 with associated recommendations for implementation and testing for future use in VBP arrangements. The measures below are classified by category based on an assessment of reliability, validity, and feasibility, and according to suggested method of use (either Pay for Reporting (P4R) or Pay for Performance (P4P)).

Category 1

Category 1 quality measures as identified by the CAGs and accepted by the State are to be reported by VBP Contractors. These measures are also intended to be used to determine the amount of shared savings for which VBP contractors are eligible¹.

Categorizing and Prioritizing Quality Measures



CATEGORY 1

Approved quality measures that are felt to be both clinically relevant, reliable and valid, and feasible.



CATEGORY 2

Measures that are clinically relevant, valid, and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2017 pilot program.



CATEGORY 3

Measures that are insufficiently relevant, valid, reliable and/or feasible.

¹ New York State Department of Health, Medicaid Redesign Team, A Path Toward Value Based Payment: Annual Update, June 2016. ([Link](#))



The State classified each Category 1 measure as either P4P or P4R:

- **P4P** measures are intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible. In other words, these are the measures on which payments in VBP contracts may be based. Measures can be included in both the determination of the target budget and in the calculation of shared savings for VBP Contractors.
- **P4R** measures are intended to be used by the Managed Care Organizations (MCOs) to incentivize VBP Contractors for reporting data to monitor quality of care delivered to members under a VBP contract. Incentives for reporting should be based on timeliness, accuracy, and completeness of data. Measures can be reclassified from P4R to P4P through annual CAG and State review or as determined by the MCO and VBP Contractor.

Not all Category 1 measures will be reportable for the measurement year, as reporting on some of these measures will be phased in over the next 2 years. Please see the *2018 Value Based Payment Reporting Requirements Technical Specifications Manual*² for details as to which measures must be reported for the measurement year. This manual will be updated annually each fall, in line with the release of the final VBP measure set for the subsequent year.

Categories 2 and 3

Category 2 measures have been accepted by the State based on agreement of measure importance, validity, and reliability, but flagged as presenting concerns regarding implementation feasibility. These measures will be further investigated in the VBP Pilots. The State requires that VBP Pilots select and report a minimum of one Category 2 measures per VBP Arrangement (or have a State and Plan approved alternative) for MY 2018. VBP Pilot participants will be expected to share meaningful feedback on the feasibility of Category 2 measures when the CAGs reconvene. The State will discuss measure testing approach, data collection, and reporting requirements with VBP Pilots at a future date.

Measures designated as Category 3 were identified as unfeasible at this time or as presenting additional concerns including accuracy or reliability when applied to the attributed member population for an arrangement.

MEASUREMENT YEAR 2018 QUALITY MEASURE SET

The measures and State determined classifications provided on the following pages are recommendations for MY 2018. Note that measure classification is a State recommendation and implementation is to be determined between the MCO and VBP Contractor.

Measure sets and classifications are considered dynamic and will be reviewed annually. Updates will include additions, deletions, reclassification of measure category, and reclassification from P4R to P4P based on experience with measure implementation in the prior year. During 2018, the CAGs and the VBP Workgroup will re-evaluate measures and provide recommendations for MY 2019.

² 2018 Value Based Payment Reporting Requirements; Technical Specifications Manual, Nov 2017, File found in the Quality Measures tab ([Link](#))



Category 1

The table below displays the complete Category 1 HARP Subpopulation Quality Measure Set, arranged alphabetically, and includes measure title, measure steward, the National Quality Forum (NQF) number and/ or other measure identifier (where applicable), and State determined classification for measure use. The measure set is redlined to highlight changes made between MY 2017 and MY 2018. Additions are made in red text while deletions or changes are made with a strikethrough.

Measures	Measure Steward	Measure Identifier	Classification
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Centers for Medicare & Medicaid Services (CMS)	NQF 1879	P4P
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Centers for Medicare & Medicaid Services (CMS)	NQF 1880	P4P
Breast Cancer Screening	National Committee for Quality Assurance (NCQA)	NQF 2372	P4P
Cervical Cancer Screening	NCQA	NQF 0032	P4P
Chlamydia Screening In Women	NCQA	NQF 0033	P4P
Colorectal Cancer Screening	NCQA	NQF 0034	P4P
Comprehensive Diabetes Care: All Three Tests (HbA1c, dilated eye exam, and medical attention for nephropathy)	NCQA	NQF #s 0055, 0062, 0057	P4P
Comprehensive Diabetes Care: Eye Exam (retinal) Performed	NCQA	NQF 0055	P4P
Comprehensive Diabetes Care: Foot Exam	NCQA	NQF 0056	P4R
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	NQF 0575	P4R



Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	NQF 0059	P4P
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing [performed]	NCQA	NQF 0057	P4P
Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	NQF 0062	P4P
Continuity of Care from Inpatient Detox to Lower Level of Care ³	NYS	-	P4P
Continuity of Care from Inpatient Rehabilitation to Lower Level of Care ⁴	NYS	-	P4P
Controlling High Blood Pressure	NCQA	NQF 0018	P4P
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	NQF 1932	P4P
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence ⁵	NCQA	NQF 2605	P4P
Follow-Up After Emergency Department Visit for Mental Illness ⁶	NCQA	NQF 2605	P4P
Follow-Up After Hospitalization for Mental Illness	NCQA	NQF 0576	P4P

³ Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document. This measure is a component of a measure that was split into two separate measures for MY 2018.

⁴ Ibid.

⁵ This measure is a component of NQF 2605, Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence.

⁶ Ibid.



Initiation of Pharmacotherapy for Alcohol Dependence⁷	NYS OASAS	-	P4R
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence ⁸	NYS	-	P4P
Maintaining/Improving Employment or Higher Education Status ⁹	NYS	-	P4R
Maintenance of Stable or Improved Housing Status ¹⁰	NYS	-	P4R
Medication Management for People with Asthma (Ages 5 - 64) – 50% and 75% of Treatment Days Covered	NCQA	NQF 1799	P4P
No or Reduced Criminal Justice Involvement ¹¹	NYS	-	P4R
Percentage of Members Enrolled in a Health Home	NYS	-	P4R
Percentage of Members who Receive PROS or HCBS for at least 3 Months in Reporting Year¹²	NYS OMH / OASAS	-	P4R
Potentially Preventable Mental Health Related Readmission Rate 30 Days ¹³	NYS	-	P4P

⁷ Measure Moved to Category 2 for MY 2018

⁸ Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Measure moved to Category 2 for MY 2018.

¹³ Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document



Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS	NQF 0421	P4R
Preventive Care and Screening: Influenza Immunization	American Medical Association Physician Consortium for Performance Improvement (AMA PCPI)	NQF 0041	P4R
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	AMA PCPI	NQF 0028	P4R
Statin Therapy for Patients with Cardiovascular Disease	NCQA	-	P4R
Statin Therapy for Patients with Diabetes	NCQA	-	P4R
Use of Alcohol Abuse or Dependence Pharmacotherapy ¹⁴	NYS	-	P4R
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA	NQF 0577	P4R

¹⁴ Measure moved from Category 2 for MY 2018. Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document



Category 2

The table below displays the complete Category 2 HARP Subpopulation Quality Measure Set and includes measure title, measure steward, the NQF number and/or other measure identifier (where applicable). All Category 2 measures are classified as P4R in MY 2018. The measure set is redlined to highlight changes made between MY 2017 and MY 2018. Additions are made in red text while deletions or changes are made with a strikethrough.

Measures	Measure Steward	Measure Identifier
Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	CMS	NQF 1880
Asthma: Assessment of Asthma Control – Ambulatory Care Setting	The American Academy of Allergy, Asthma & Immunology (AAAAI)	-
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	NQF 0058
Continuing Engagement in Treatment (CET) Alcohol and Other Drug Dependence	NYS	-
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence¹⁵	NYS	-
Lung Function/Spirometry Evaluation (Asthma)	AAAAI	-
Mental Health Engagement in Care 30 Days ¹⁶	NYS	-

¹⁵ Measure moved from Category 1 for MY 2018. Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document

¹⁶ Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document



Patient Self-Management and Action Plan (Asthma)*	AAAAI	-
Percentage of HARP Enrolled Members Who Received Personalized Recovery Oriented Services (PROS) or Home and Community Based Services (HCBS) ¹⁷	NYS OMH / OASAS	-
Use of Alcohol Abuse or Dependence Pharmacotherapy¹⁸	NYS OASAS	-
Use of Imaging Studies for Low Back Pain	NCQA	NQF 0052
Use of Opioid Dependence Pharmacotherapy ¹⁹	NYS	-

¹⁷ Measure moved to Category 1 for MY 2018.

¹⁸ Ibid

¹⁹ Measure name changed from MY 2017. No other changes to measure or specification made. For a full listing of measure name changes, see the Updated Measure Name Crosswalk table at the end of this document



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Appendix A



Updated Measure Names Crosswalk

The following table shows the measure names that were updated for MY 2018.

Measure Name in MY 2018	Measure Name in MY 2017
Continuity of Care from Inpatient Rehabilitation to Lower Level of Care	Continuity of Care (CoC) within 14 days of discharge from any level of SUD inpatient care
Continuity of Care from Inpatient Detox to Lower Level of Care	Continuity of Care (CoC) within 14 days of discharge from any level of SUD inpatient care
Initiation of Pharmacotherapy upon New Episode of Alcohol Abuse or Dependence	Initiation of Pharmacotherapy for Alcohol Dependence
Initiation of Pharmacotherapy upon New Episode of Opioid Dependence	Initiation of Pharmacotherapy for Opioid Use Disorder
Maintaining/Improving Employment or Higher Education Status	Percentage of members who maintained/obtained employment or maintained/improved higher education status
Maintenance of Stable or Improved Housing Status	Percentage of members with maintenance of stable or improved housing status
Mental Health Engagement in Care 30 Days	Percentage of Mental Health Discharges Followed by Two or More Mental Health Outpatient Visits within 30 Days
No or Reduced Criminal Justice Involvement	Percentage of members with reduced criminal justice involvement
Potentially Preventable Mental Health Related Readmission Rate 30 Days	Readmission to mental health inpatient care within 30 days of discharge
Use of Alcohol Abuse or Dependence Pharmacotherapy	Utilization of Pharmacotherapy for Alcohol Dependence
Use of Opioid Dependence Pharmacotherapy	Utilization of Pharmacotherapy for Opioid Use Disorder



Appendix B



The tables below provide the changes to the Category 1 and Category 2 measures for the MY 2018 HARP Quality Measure Set.

Category 1 Measure Changes from 2017 to 2018

Measure Name	Change	Rationale for Change
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Added	Intended for inclusion in 2017
^{IPC} Adherence to Mood Stabilizers for Individuals with Bipolar I Disorder	Moved to Category 2	Intended for Integrated Primary Care
^{IPC} Initiation of Pharmacotherapy for Alcohol Dependence	Moved to Category 2	Measure moved to Category 2 because timeframe for measurement is too narrow
Percentage of Members Who Receive PROS or HCBS for At Least 3 Months in Reporting Year	Moved to Category 2	Measure demoted and specification is being refined
^{IPC} Utilization of Pharmacotherapy for Alcohol Dependence	Moved to Category 1	Measure promoted because timeframe for measurement is sufficiently broad

^{IPC} Measure is also part of TCGP/ IPC Measure Set

Category 2 Measure Changes from 2017 to 2018

Measure Name	Change	Rationale for Change
^{IPC} Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Moved to Category 3	Removed due to measure specification change
^{IPC} Use of Imaging Studies for Low Back Pain	Moved to Category 3	Removed due to measure specification change

^{IPC} Measure is also part of TCGP/ IPC Measure Set



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